

# Sunday School Registration

## Grace English Lutheran Church, Berlin

*Please complete one form per child and return to the church office by September 1, 2023*

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If parent cannot be reached in an emergency, please contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any Medical Conditions, Allergies or special needs we should be aware of (reading, A.D.D., A.D.H.D., etc)?:

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I have read and understand the above:

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date